with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT for the

Distri	ct of	
	_ Division	
)	Case No.	21-CU-0842-MV-JHR
LIZA YURNNE POSALES		(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-)		ITED STATES DISTRICT COURT LBUQUERQUE, NEW MEXICO
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page		OCT 07 2021 MITCHELL R. ELFERS CLERK

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	CIZA YUONNE ROSALES
All other names by which	
you have been known:	NIA
ID Number	* 75501
Current Institution	WESTERN NEW MEXILO CORRECTIONAL FALILITY
Address	PO. DRAWER 250
	CRANTS NM 87020
	City State Zip Code

B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Name	CHEISEA WHITE
Job or Title (if known)	Unit MANAGER
Shield Number	
Employer	WNMCF
Address	PO DRAWER 250
	GRANTS WARD NM 97020
	City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	LT. GIFFORD
Job or Title (if known)	LIEUTENANT
Shield Number	
Employer	WNMCF
Address	PO DRAWER 250
	624NTT NM 87020
	City State Zip Code
	Individual capacity Official capacity

		Defendant No. 3	
		Name	JESSICA RICHARDS
		Job or Title (if known)	MAROEN
		Shield Number	
		Employer	WNMCF
		Address	P.O. DANWER
			City State Zip Code
			City State Zip Code
			Individual capacity Official capacity
		Defendant No. 4	
		Name	
		Job or Title (if known)	
		Shield Number	
		Employer	
		Address	
			City State Zip Code
			Individual capacity Official capacity
II.	Basis	for Jurisdiction	
	immu Feder	mities secured by the Constitution a	ate or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 88 (1971)</i> , you may sue federal officials for the violation of certain
	A.	Are you bringing suit against (ch	eck all that apply):
		Federal officials (a Bivens c	claim)
		State or local officials (a § 1	1983 claim)
	B.	the Constitution and [federal law	ging the "deprivation of any rights, privileges, or immunities secured by ss." 42 U.S.C. § 1983. If you are suing under section 1983, what y right(s) do you claim is/are being violated by state or local officials?
		DISCRIMINATION,	HARASCMENT, RETALIATION
	C.		y only recover for the violation of certain constitutional rights. If you astitutional right(s) do you claim is/are being violated by federal

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	Priso	UNIT MANAGER WHITE HARASSED AND ALSO RETALIATED AGAINST MY SAME SEX MARRIAGE PHONEFORE SHE IS DISCREMINATION OF STATUS ACAINST IT.
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Staten	nent of Claim
	alleged further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the l wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose. I RICHARDS IS THE WHATEN AND VIM WHITE SUPERIOR IT SPOKE WITH HER ABOUT ME WHOTE STRATION AND SHE FAILED TO LOOK INTO IT I SPOKE WITH LT. LIFFORD HE STATED IT WAS A SECURITY (SSLE, I'VE ATTEMPTED TO SPEAK WITH WHITE AND ALLO NO RESCULTION.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		AUG 2021 AND ONGOING WELETTLY AT WNMCF.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

AVGUST 2021

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

T BECAME SUICIDAL AND PIACED ON WATCH FOR CASERVATION

DUE TO ALL THIS BEING OVERWHELMING AND VERY TRAUMATIC T

ALREADY HAVE PITS B THIS JUST MADE IT WOOST AND I WAS DIAGONOTED

MANIC DEPARTSION, BI-POLAR. I WAS SUICIDAL DUE TO ALL THE DISTRESS

THE STAFF AND INMATES ALL WITNESS THIS WHOLE SITUATION EUCIVE.

MOST STAFF ADUISED MC 70 GO TO COURT ON THIS SITUATION

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I HAD A MENTAL BREAK DOWN

DUE TO All THE DISTRESS OF THE WHOLE SITUATION. F WAS PLACED ON A ONE ON ONE OBSERVATION FOR SUICIOE WATCH. F WAS ALSO

WRITTEN-UP AND CHARGE A RESTITUTION FOR OF \$100.00 DOLLARS.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I'M CURRENTLY SDEKING LEGAL REPRESENTATION AT THE MOMENT TO

RESCUE THIS AND A RESCHABLE AMOUNT FOR DAMAGES MENTALLY +

EMOTIONALLY

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	WESTERN NM CONSECTIONAL FACILITY.
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes Yes
	☐ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
jl.	No No
	Do not know
	If yes, which claim(s)?

Pro	Se 1	4 (Rev.	12/16) Con	iplaint for	Violation	of Civil	Rights (Prisoner)

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	☐ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	WITH THE URITVANLE OFFICER AT WNMCF
	2. What did you claim in your grievance?
	WHY I was REQUERTED FOR HOUSING. I'M EVALENTLY DOLING
	WHY I WAS DELUCATED FOR HOUSING. I'M CVALENTLY DOING CALLERANT ON HAMASSMENT, RETALLATION AND HAMASSMENT. 3. What was the result, if any?
	THE FACILITY FAILS TO MOVE FOWARD WITH CRIEVANCE AND SAID
	it's resulven wim informationly. I've Getten nowtone
	WITH STAFF ON THIS ISSUE. THIS IS MAY I PURSUED IT IN CIVIL ALGERTS.
	AND CANNET BE PICCUSED WHY I WAS MOVED?
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	I DIO AN INFORMAL COMPLAINT WAS SEEN BY OFFICER JOHNSON
	WHERE HE STATED IT WAS PER SECURITY NOT TO DISCHOSE
	WHY I WAS MOVED HE COULD NOT TELL ME.

Pro Se 14 (Rev.	12/16) Complaint for	or Violation of Civil	Rights (P	risoner)

	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		I DIO FILE STAFF WILL NOT RESPIND OR HELP MEIN THIS
		SITUATION.
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		WARDEN PICHARDS AND Z'VE EXHAUSTED ALL REMEDIES I
		CAN WHILE INCARCERATED. I'VE SPOKE TO LIEUTENANTS YULE,
		BRADSHAN, CPT. ALDAZ, MASIALLEWIS AND AGAIN NOTHING SEEMS
		HELP RESOLVE MIS ISSUE.
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative
		THE GONE TO STILL CAPTAIN ALDAZ P. REA OFFICER
		WHICH IS SELVATIVE AND A CAPTAIN OF P.L.EN. AND NEITHER
		SEEN IT AS A RISK OF SECURITY IN AMM MATTER. I'VE TRIED TO
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.) Follow - UP IN THIS MATTER BUT HAVE BEEN TO LD NOTHING SO FAR.
VIII.	Previou	s Lawsuits
	the filing brought maliciou	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying g fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, as, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the b	est of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Yes	3
	No No	
	If yes, st	tate which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	☐ Yes
	No No
B.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s) $\sim 1/\gamma$
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	MA
	3. Docket or index number
	MA
	4. Name of Judge assigned to your case
	— Na
	5. Approximate date of filing lawsuit
	MA
	6. Is the case still pending?
	Yes
	If no, give the approximate date of disposition.
	11 no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

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	Yes
	No No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	- A
	3. Docket or index number √/ ♣
	4. Name of Judge assigned to your case N/ N/ N
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	~/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	.		
Printed Name of Plaintiff	Rosales Liza Rosales Liza		
Prison Identification # Prison Address	#75501 P.O DRAWER 250		
	P.O DRAWER 250 CORANIS City	State	マフロフル Zip Code
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address	-		

NEW MEXIC CORRECTIONS DEPARTME

Secretary Alisha Tafoya Lucero

Western New Mexico Correctional Facility

10.
From: Dirk Lee Laundry Officer
Subject: Denial of Laundry Exchange
Date: 10/5/2021
Laundry Department has received your Inmate laundry request for exchange or replacement, at time I'm denning request due to the following reason or reasons listed below.
(State issued Property From shows you are issued proper amounts state – issued property upon your arrival to this facility. I white Blankers were issued for medical. on 9/30/21 e ODServed your I white blankers wash. any complaints may talk to Giffion () You didn't send to laundry state- issued item or items that your requesting to exchanged, Laundry can only exchange item for item per policy.
(You are reasonable for insuring the transferring your state-issued property to another cell, unit. If security packs your state-issued property and your claiming state-issued property missing you will need to go throw grievance prosses.
() If Corrections Staff confiscated your state issued clothing or bedding during a shakedown that means you were in possession unauthorized amounts or it was altered you will be reissued missing items but you will have reimburse the Corrections Department for state-issued items. Or you will need to go throw grievance prosses.
() Laundry Department has received your clime about you not receiving your laundry back from laundry. All laundry entering and exiting laundry is inventoried and returned.
() You will need to send your laundry exchanges to laundry department on schedule exchange days to be exchanged, Units 5,6,7 8 First Tuesday of each /Month Units 1,2,3,4 the First Wednesday each Month
() You need to send your request for exchange or replacement of Pants, Bra, Sock, Night Gowns to ID.
You have sent the same size of state- issued uniforms to laundry your asking to be exchanged their is nothing wrong with them so laundry is sending them back.